

For Office Use	
Our Ref:	
Date received	

Director of Customer Services
 Allerdale Borough Council
 Allerdale House
 Workington
 CA14 3YJ

tel: 01900 702530
 fax: 01900 702791
 email: revenues@allerdale.gov.uk



Council Tax (Reductions for Disabilities) REGULATIONS 1992
 Please complete in **BLOCK CAPITALS** and **BLACK INK**

Notification of persons moving permanently into Hospital or a Residential Home

Part A- Details of the person moving into a hospital or residential home	
Full name	
Previous address	
Council Tax reference number (if known)	

Part B- Details of the property the person has left	
Is the property occupied? (Please delete as appropriate)	Yes / No
Do you own the property you have left? (Please delete as appropriate)	Yes / No
Are you the tenant of the property you have left? (Please delete as appropriate)	Yes / No
If you are the tenant, what is the name and address of the owner?	
If the property is occupied please list below the names(s) of the resident owner(s) or tenant(s)	
If the property is occupied how many people aged 18 or over live in the property as their main home?	

Part C - Details of hospital / residential home	
Name and address of hospital / residential home	
Date admitted to hospital / residential home	
Does the patient / resident have their sole or main residence in this hospital /home?	Yes / No

PLEASE ASK THE MANAGER OF THE HOME OR HOSPITAL TO COMPLETE THE ENCLOSED DECLARATION, THEN ENSURE BOTH DOCUMENTS ARE RETURNED TO US AS SOON AS POSSIBLE.

Part D - Application for Council Tax exemption

An unoccupied property is exempt from the Council Tax if it was previously the sole or main residence of a person who is now a permanent resident in a hospital or residential home. For the whole period of his / her absence the person must have been a permanent patient / resident at either:

- a) A National Health Service hospital (including National Health Service Trust hospitals) or a military, airforce or naval hospital or
- b) A residential care home, nursing home, mental nursing home or hostel in England and Wales and can be in receipt of care and treatment (or both) at that home; or
- c) In a residential care home, nursing home, private hospital or hostel in Scotland and be in receipt of care or treatment (or both at home)

Please tick the appropriate box.
I have read the above notes and believe that the property above;

Should be exempt from the Council Tax	<input type="checkbox"/>	Should <u>not</u> be exempt from the Council Tax	<input type="checkbox"/>
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Part E- Declaration

I declare that the information given in support of this application is true to the best of my knowledge.

Signature of Applicant		Date	
Name			
Address			
Capacity in which signed (i.e. son, daughter, brother, etc.)			

IMPORTANT: If you are granted a Council Tax Exemption you must notify the Council within 21 days if the property becomes occupied again or if it is sold.

THIS FORM SHOULD NOW BE RETURNED TO US AT THE ADDRESS SHOWN AT THE TOP OF THE FORM, ALONG WITH THE CERTIFICATE DULY COMPLETED BY THE MANAGER OF THE HOSPITAL OR CARE HOME. WE WILL PROCESS YOUR CLAIM WHEN BOTH DOCUMENTS HAVE BEEN RETURNED TO US.

This matter is being dealt with by:-

Council Tax section

Direct Line : 01900 702530

Fax : 01900 702791

Email : revenues@allerdale.gov.uk



Local Government Finance Act 1992
Council Tax – Persons in Hospitals and Residential Homes

Name

Council Tax ref

Address

A reduction in Council Tax has been claimed by the person named above. The reduction will be granted if a person now has his/her “sole or main residence” in:-

a) a National Health Service hospital (including National Health Service Trust hospitals) or a military, airforce, or naval hospital; or

b) a residential care home, nursing home, private hospital or hostel in England and Wales and be in receipt of care or treatment (or both) there; or

c) a residential care home, nursing home, private hospital or a hostel in Scotland and be in receipt of care or treatment (or both) there.

The person will be considered to have their “sole or main residence” in a hospital or residential home if they are a permanent resident and not expected to return home.

I should be obliged if you would complete the declaration overleaf and return it to us at the address shown below.

Yours faithfully

For Council Tax and Rating Manager

Full name of Patient/Resident

Address for which reduction is requested (i.e. previous address of Patient/Resident):

.....

TO BE COMPLETED BY THE HOSPITAL/RESIDENTIAL HOME

Name and Address of Hospital/Residential Home:

.....

Date of Admission:

Is the person's sole or main residence in the hospital/residential home? *YES/NO

*Delete where appropriate

DECLARATION:

This declaration should be completed by either the Unit General Manager of the Hospital or the Officer in Charge at the Home.

I certify that this person's sole or main residence is in the hospital/residential home as at today's date and to my best belief and knowledge the information given is correct.

Signature: Date:

Capacity in which signed:

Official Stamp (where appropriate)

Please notify the Council Tax Section should the applicant leave your establishment.